



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	St. Anne's Residential Services Group P
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	08 September 2020
Centre ID:	OSV-0005564
Fieldwork ID:	MON-0029600

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

In this centre a full-time residential service is provided to a maximum of five adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. All five residents have available to them transport facilities which enable them to get out and about and engage in activities that interest them. Residents present with a broad range of needs in the context of their disability and the service aims to meet these physical, emotional and sensory needs.

The premises itself is a bungalow type residence with all facilities for residents provided at ground floor level. Each resident has their own bedroom and share communal, dining and bathroom facilities (two bedrooms are en-suite). The house is located in a mature populated suburb of the town and a short commute from all services and amenities.

The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge. Nursing support is also available to residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 8 September 2020	10:10hrs to 16:10hrs	Margaret O'Regan	Lead

## What residents told us and what inspectors observed

This inspection took place in the midst of the COVID-19 pandemic. Communication between inspectors, residents, staff and management took place from at least a two metre distance and was time limited in adherence with national guidance. The inspector had the opportunity to meet with the five residents who lived in this house. Three of the residents communicated in a non verbal manner. Interaction with these three residents including observation, being assisted by staff to interpret movements and expressions and in the case of one resident, partaking in a ball game.

The inspector observed warm and meaningful interactions between staff and residents. The inspector heard staff planning a birthday party for a resident who was celebrating a significant birthday the following day. The party was to be held outdoors with a few family relatives and residents of the house. Residents appeared comfortable in their home and two residents were keen to speak with the inspector about aspects of care that mattered to them. One resident spoke about their interest in photography and how they were planning to take the photographs for a party that was being held the following day. The resident took pride in showing their photographs to the inspector and talking about where the photographs were taken and who was in them.

Two residents spoke about changes that had taken place in the cohort of residents living in the centre and clearly expressed their satisfaction with these new arrangements. Both residents indicated their quality of life had improved as a result of the changes.

Another resident spoke about the probably movement to another house temporarily while renovations were being carried out to their own house. Staff and the person in charge were very much engaged in reassuring the resident around this temporary move. In particular reassurance was provided around access to television while in the other house. The resident was happy to talk with the inspector around this matter which was of importance to the resident.

The inspector observed staff supporting residents to take part in their chosen daily activities. This included going for a walk, listening to the sound of bells and playing with a ball. One of the residents who communicated non verbally was seen smiling when engaging in ball throwing activities.

The manner in which activities were spoken about and facilitated was indicative of the homely and relaxed atmosphere that generally prevailed in this home.

## Capacity and capability

The registered provider had ensured that the residents who lived in this house were well supported. This was reflected in overall good levels of compliance across the regulations reviewed.

In general, the governance and management arrangements in the centre were effective and good oversight systems were in place. The person in charge was responsible for the day to day management of the centre and another centre within the locality. She was an experienced member of staff, having worked with this organisation for over 17 years, prior to taking up the person in charge role in January 2019. The person in charge was supported in her position by an experienced nurse manager. Prior to COVID-19, formal monthly meetings were held between the services manager and the person in charge. The person in charge in turn held monthly meetings with staff. These meetings were now facilitated in a written format. There was good circulation of information from the management personnel and front line staff and vice versa.

The provider had prepared a statement of purpose, which reflected the service provided. The statement of purpose contained the information required as per Schedule 1 of the regulations. Overall, it met the stated aims and objectives which was to provide a community based person centered service where individuals could reach their full potential in an environment where the culture was love, respect and creativity for all. The provider had ensured that the service was adequately resourced to deliver the care and support as set out in the statement of purpose. The statement of purpose was current, having been updated in July 2020. An easy to read version of the document, set out in pictorial format, was available to residents.

There was a core team of staff, who were suitably qualified and experienced, to meet the assessed needs of residents. Staff had received training in all mandatory areas. For example, training in fire safety and safeguarding, as well as additional training specific to residents' support needs, such as epilepsy, food safety and hand hygiene. A formalised supervision process for staff was in place and implemented. From discussions with staff the inspector was satisfied that staff could highlight issues or concerns through staff meetings and through the supervisory arrangements. Staffing levels were adequate and adjusted as residents' needs changed. It was clear that the staffing arrangements facilitated an individualised service and facilitated residents to engage in a wide and diverse array of interests and activities, albeit, some of these were curtailed due to COVID-19.

The registered provider had undertaken an annual review of the quality and safety of the service, which consulted with residents and their representatives. The most recent annual review recommended an external medication audit. This action was completed. In the six monthly unannounced provider inspection carried out on 19 August 2020, it was recommended that a fire drill be conducted with a newly admitted resident. This was carried out. These and other examples, indicated that there was a focus on ongoing evaluation and improvement of services offered

to residents.

The inspector was satisfied that the person in charge and members of the senior management team, all of whom were familiar with the needs of all residents, were in a position to keep the appropriateness of the current living and social arrangements under constant review and that these arrangements would be altered should the need arise.

The inspector observed residents looking happy, relaxed and content. Staff members were observed by the inspector to be warm, caring, kind and respectful in all interactions with residents. Each staff member who spoke with the inspector was knowledgeable in relation to their responsibilities and residents' care and support needs.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the documents required for the renewal of the centre's registration.

Judgment: Compliant

#### Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. While this person was in charge of more than one centre, the inspector was satisfied that she could ensure the effective governance, operational management and administration of the designated centres. The post of person in charge was full-time and the post holder had the required qualifications, skills and experience necessary to manage the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. The provider took cognisance of the need for residents to receive continuity of care and support.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. In addition staff were facilitated to complete specialised training in areas that were pertinent to providing a high standard of care to residents. A clear staff supervision system was in place to ensure staff were assisted to develop their skills and knowledge.

Judgment: Compliant

### Regulation 22: Insurance

Evidence of current insurance cover was submitted as required as part of the renewal of registration documentation.

Judgment: Compliant

### Regulation 23: Governance and management

In general, the governance and management arrangements in the centre were effective and good oversight systems were in place. Meetings were held between the services manager and the person in charge. The person in charge in turn held meetings with staff.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had an up-to-date statement of purpose which reflected the service provided.

Judgment: Compliant



## Quality and safety

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. Supports were in place to develop and maintain personal relationships and links with the wider community. For example, one resident engaged in a gardening project. This involved purchasing, planting and tending to the vegetables planted. Dog therapy was being pursued for one resident who had a particular fondness for animals. This resident had also "adopted" a donkey via a donkey sanctuary and had certification to this effect. Bird tables were in the garden which appealed to those who enjoyed nature.

Arts and crafts were important to some residents, in particular during a time of restricted activities. One resident was pleased to show this art and craft work to the inspector. Mindfulness was practiced in the centre and residents partook in this activity. This was helpful to all including those who needed support with mental health issues.

Residents used modern technology to support their interests such as listening to music via the Internet, via their smart phones and other computer type devices.

Each resident was provided with care and support by a range of medical, nursing and allied health services. Residents choose their own general practitioner (GP) who knew the residents and was in a position to provide GP care when and as required. Other aspects of health care support were well catered for. For example, nursing support was available to all residents, a multidisciplinary team engaged in reviewing the resident care needs on a regular basis and dental care was accessible to all. Residents had the support of a clinical psychologist and this was an important aspect of maintaining residents' well being. Any restrictive practice was reviewed at least annually by a restrictive strategy committee. The focus of the committee was to continually reduce restrictions and at the time of this inspection, little or no restrictions were in place. There was also evidence that in the past few months the change in the mix of residents living in the centre had reduced the possibility of peer to peer issues. Behaviour support plans were in place where there was an identified need for these and again, these were kept under constant review. Health promotion was incorporated into daily life with residents being encouraged to exercise and eat healthily.

As far as reasonably practicable, each resident had access to and retained control of personal property and possessions. Laundry facilities were available and residents were supported by staff to manage their own laundry. Residents were provided with support to manage their financial affairs, facilitated to bring their own furniture and furnishings and have their rooms decorated according to their individual taste.

In so far as reasonable and practicable, the person in charge and staff ensured residents were supported to be involved in purchasing and preparing food. There were adequate provisions for storage of food. Staff ensured that each resident was

provided with food and drink which was properly and safely prepared, cooked and served. Meals were wholesome and nutritious and prepared in a well laid out kitchen.

The house was kept in a good state of repair and was attractively decorated. Equipment and facilities were provided and maintained in good working order. There was a spacious garden. Plans were underway to rearrange the house to further enhance the living arrangements for residents. These plans included the creation of an apartment type accommodation within the house for one resident who enjoyed having their own space.

Risks were identified and managed in a safe and proportionate and considered manner. Precautions were in place to minimise the risk of fire. Fire-fighting equipment was checked and serviced regularly, fire drills took place and emergency evacuation plans were kept up to date for each resident.

### Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. For example,

Judgment: Compliant

### Regulation 20: Information for residents

Residents were communicated in formal and informal ways. There were regular house meetings, a communication passport was in place for each resident and a resident's guide was available.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risks were identified and managed in a safe and proportionate and considered manner.

Judgment: Compliant

### Regulation 27: Protection against infection

Practices in relation to infection prevention and control were good. Staff were trained in proper hand-washing techniques. Facilities for hand-washing were good.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured effective systems for the detection of fire. Fire systems were in place as required and fire equipment was serviced quarterly. Fire evacuation drills took place several times a year.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of each resident was carried out. The person in charge continuously reviewed the suitability of the premises for the purposes of meeting the needs of each resident.

Judgment: Compliant

### Regulation 6: Health care

Appropriate health care was provided to residents.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff were provided with up to date knowledge and skills, appropriate to their role, to respond to behaviour that was challenging and to support residents to manage their behaviour.

Judgment: Compliant

### Regulation 8: Protection

The provider made arrangements for each resident and/or their representative to be assisted and supported to develop the knowledge, awareness, understanding and skills needed for care and protection. Staff worked closely with residents around protection and safeguarding issues. Staff had received the appropriate training in this area and records were maintained of such training.

Judgment: Compliant

### Regulation 9: Residents' rights

The centre was operated in a manner that showed respect for each resident and their families

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant